DAYTIME TELEPHONE NUMBE

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OPTIONAL FAX/E-MAIL ADDR

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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(MIDDLE)

ZIP CODE

STATE

Please type or print in ink	7 A A 20
NAME (LAST)	(FIBST)
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MAILING ADDRESS STREET (May 150- Dusiness address)	CITY
1700 K Street	- SACR
7700 7 23,000	
1. Office, Agency, or Court	
Name of Office. Agency, or Court:	
Dept of ADP	
Division, Board, District, if applicable:	менто р <sub>адин</sub> ирования в потоворя в по
Your Position Director	
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2. Jurisdiction of Office (Check at	t least one box)
☐ State	
County of	
City of	
Multi-County	
Other and an analysis of the second of the s	
3. Type of Statement (Check at le	ast one box)
Assuming Office/Initial Date 2	,26,07
Annual The period covered is Januar through December 31, 2006	y 1, 2006,
-or-	·
O The period covered is/	through
December 31, 2006.	\$ 4000
Leaving Office Date Left:// (Check one)	Particular and the second and the se
O The period covered is January 1, 2 the date of leaving office.	006, through
-07-	And Software and S
O The period covered is	, through

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4. Schedule Summary
Total number of pages including this cover page:
Check applicable schedules or "No reportable interests."
I have disclosed interests on one or more of the attached schedules
Schedule A-1 Yes - schedule attached Investments (Less than 10% Ownership)
Schedule A-2 Yes — schedule attached Investments (10% or greater Ownership)
Schedule B Yes – schedule attached Real Property
Schedule C Yes – schedule attached Income. Loans. & Business Positions (Income Other than Gift and Travel Payments)
Schedule D Yes – schedule attached Income – Gifts
Schedule E Yes – schedule attached Income – Travel Payments
-or-
No reportable interests on any schedule
5. Verification
I have used all reasonable diligence in preparing the statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in a stached schedules is true and complete.
I certify under penalty of perjury under the laws of the Sta of California that the foregoing is true and correct
Date Signed 2/26/07
Signature (file the originally some) statement with your filing of con-

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

O The period covered is \_\_\_\_\_\_\_, through

the date of leaving office.

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Please type or print in ink	A Publ	ic Document	2007 FEB 28 ALL 91 DR
NAME (LAST) Sito	(FIRST) LENEE	(MIDDLE)	HUHA PAYUNE TELEPHONE NUMBER
MAILING ADDRESS STREET (May bee business address)  1700 K Street	SACRA-	state zip coi mento CA	DE OPTIONAL FAX / E-MAIL ADDRESS
1. Office, Agency, or Court  Name of Office, Agency, or Court:  Dept of AD F  Division, Board, District, if applicable:  Your Position:		Interests."	ges ()
Director  Director  If filing for multiple positions, list addition position(s): (Attach a separate sheet if respectively)  Agency: CHHS  Member, CA Child Position:	necessary.)	Investments (Less then Schedule A-2 Y Investments (10% or go	Yes – schedule attached 10% Ownership) Yes – schedule attached
2. Jurisdiction of Office (Check at le	en justicies en	Income, Loans, & Bus and Travel Payments)  Schedule D Y Income - Gifts  Schedule E Y Income - Travel Paym	-or-
3. Type of Statement (Check at least		Letro reponable into	lerests on any schedule
Annual: The period covered is January 1 through December 31, 2006.  OThe period covered is//	1, 2006, , through	statement. I have revie of my knowledge the info attached schedules is I certify under penalty o	onable diligence in preparing this swed this statement and to the best formation contained herein and in any true and complete.  of perjury under the laws of the State foregoing is true and correct.
(Check one)  O The period covered is January 1, 2006 the date of leaving office.	5, through	Date Signed	[26/07 10/31/0

Signature -

(Fie the originally signed statement with your filing official.)

## CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

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#### STATEMENT OF ECONOMIC INTERESTS

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Please type or print in ink	A Public Document 2007 FEB 28 AM 9: 68
NAME (LAST) (F)	REST) (MIDDLE) HUMA PAYTME TELEPHONE NUMBER  RENEE 916 145 1945
MAILING ADDRESS STREET (May bee business address)  1700 K Street	STATE ZIP CODE OPTIONAL FAX / E-MAIL ADDRESS  SACRAMENTO CA
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:  Dept of ADF	Total number of pages Including this cover page:
Division, Board, district, if applicable:	Check applicable schedules or "No reportable interests."
Your Position: Director	I have disclosed interests on one or more of the attached schedules:
If filing for multiple positions, list additional position(s): (Attach a separate sheet if new position (s): (Attach a separate sheet s	and the state of t
Agency: NASADAD ( Rat X) State Ole + Dug Obuse D	Schedule A-2 Yes - schedule attached Investments (10% or greater Ownership)
Position: Chi'LD Weefere Come	Schedule B Yes – schedule attached Real Property
2. Jurisdiction of Office (Check at lea	Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
☐ State	Schedule D Yes - schedule attached Income - Gifts
City of	Schedule E  Yes – schedule attached
Other	-or-
3. Type of Statement (Check at least	
Assuming Office/Initial Date:	5. Verification
through December 31, 2006.  O The period covered is/	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
December 31, 2006.  Leaving Office Date Left:	I certify under penalty of perjury under the laws of the State
(Check one)  O The period covered is January 1, 2006, the date of leaving offices.	(/- 1/2/
O The period covered is	, through  Signature (The the originally expect statement with/your films official)

## CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

#### STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

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OPTIONAL FAX / E-MAIL ADDRESS

A Public Document Please type or print in ink MARKE (LAST) (FIRST) (MIDDLE) ENEE MAILING ADDRESS (May bee business address) STATE ZIP CODE SACRAMENTO 1700 1. Office, Agency, or Court Name of Office, Agency, or Court Total number of pages DENT OI ADI including this cover page: Division, Board, District, if applicable: interests." Your Position: Director attached schedules: If filing for multiple positions, list additional agency(les)/ position(s): (Attach a separate sheet if necessary.) Schedule B Real Property Schedule C 2. Jurisdiction of Office (Check at least one box) 19 State Schedule D County of \_\_\_ Income - Gifts City of \_\_\_ Schedule E Income - Travel Payments ☐ Multi-County — Other --OF-3. Type of Statement (Check at least one box) Assuming Office/Initial 5. Verification Annual: The period covered is January 1, 2006, through December 31, 2006. O The period covered is \_\_\_\_/\_\_, through December 31, 2006. Leaving Office Date Left: \_\_\_\_/\_\_\_ (Check one) O The period covered is January 1, 2006, through the date of leaving offices... Date Signed -Of-

O The period covered is \_\_\_\_/\_\_\_ through

the date of leaving office.

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4. Schedule Summary Check applicable schedules or "No reportable I have disclosed interests on one or more of the Schedule A-1 Yes - schedule attached Investments (Less than 10% Ownership) Schedule A-2 Yes - schedule attached Investments (10% or greater Ownership) ☐ Yes - schedule attached Yes - schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments) Yes - schedule attached ☐ Yes - schedule attached 

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

(The the originally signed statement with four filing of